The Governor's Office for Substance Abuse Prevention (GOSAP) was established by the Virginia General Assembly in 2000 with responsibility "to assist in the coordination of substance abuse prevention activities of the Commonwealth, review substance abuse prevention expenditures by agencies of the Commonwealth, and determine the direction and appropriateness of such expenditures."

Our Common Language: A Quick Guide to Prevention Terminology in Virginia was developed with guidance from the GOSAP Collaborative, whose membership is composed of key leadership representatives from agencies and organizations responsible for prevention throughout the Commonwealth. The GOSAP Collaborative serves as a primary vehicle for prevention system planning and collaborative decision making among state agencies.

GOSAP Collaborative Member Organizations
Virginia Department of Alcoholic Beverage Control
Virginia Department of Criminal Justice Services
Virginia Department of Education
Virginia Department of Fire Programs
Virginia Department of Health
Virginia Department of Juvenile Justice
Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
Virginia Department of Motor Vehicles
Virginia Department of Social Services
Virginia Department of State Police
Virginia National Guard
Virginia Tobacco Settlement Foundation

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Publication development and editorial services provided by:
Anne J. Atkinson, Ph.D., PolicyWorks, Ltd., Richmond, VA
Ivan K. Tolbert, MPA, MAT, Inventory of Solutions, Richmond, VA

November 2004

Fellow Virginians,

Our children and youth face many risks, including drug abuse and violence, and these problems have serious consequences in our homes, schools and communities. Fortunately, our understanding of how to reduce risks and prevent problem behaviors has grown substantially in recent years. Progress in prevention research has identified many factors associated with greater potential for problems – called "risk factors" – and those associated with reduced potential – called "protective factors." An important goal of prevention, then, has become to reduce the impact of risk factors by increasing protective factors in homes, schools, and communities.

In addition to increasing our understanding of factors that either increase or reduce potential for problems, prevention research has demonstrated the importance of comprehensive community approaches that engage parents, educators, and community leaders. Such approaches employ a collaborative planning process that relies on an objective needs assessment and the strategic implementation of programs and policies that have been demonstrated to be effective.

The challenge for prevention professionals, and for the parents, educators, and community leaders involved with prevention efforts, is to understand and to use prevention science as it emerges from a variety of sources and is disseminated through multiple federal agencies and national organizations. To date, at the national level, "prevention principles" and substantive prevention resource documents have been promulgated by the National Institute on Drug Abuse (NIDA), the Center for Substance Abuse Prevention (CSAP), the Center for Disease Control (CDC), the Office of National Drug Control Policy (ONDCP), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the U.S. Department of Education (USED). Although there is great consistency in the prevention research findings, the terminology and concepts used differ somewhat across agencies, reflecting their different missions and professional orientations. For example, programs that have been demonstrated to achieve desired outcomes may be referred to as "science-based," "research-based," "evidence-based," "model," "exemplary," "promising," or "best practice," depending on the source of the information.

The GOSAP Collaborative, whose membership is composed of key leadership representatives from agencies and organizations responsible for prevention throughout the Commonwealth, is pleased to offer ***Our Common Language: A Quick Guide to Prevention Terminology in Virginia***. This publication is designed to serve as a "primer" containing basic prevention terms and concepts and key sources of additional information. It is intended to make prevention science more understandable and to contribute to improved communication, planning, evaluation and reporting within the prevention community statewide. The "common language" contained herein is simply that which has been determined to be understandable and acceptable; its usage is in no way being imposed or prescribed but, rather, offered as a contribution to enhanced understanding within the Virginia prevention community and improved communication with the broader public.

This publication represents a beginning, rather than a "finished," product. We have included a reader feedback form at the end of this publication, and we encourage feedback about both form and substance. Suggestions for improving future editions are welcomed!

Members of the GOSAP Collaborative

Table of Contents

ACRONYMS

Following is a partial list of acronyms commonly used in the field of youth substance abuse and violence prevention.

AA	Alcoholics Anonymous
AcoA	Adult Children of Alcoholics
Al-Anon	12-step Program for Families and Friends of Alcoholics
AlaTeen	12-step Program for Young Al-Anon Members
ATOD	Alcohol, Tobacco and Other Drugs
ATTC	Addiction Technology Transfer Centers
CADCA	Community Anti-Drug Coalitions of America
CAPT	Center for the Application of Prevention Technologies
CDC	Centers for Disease Control and Prevention
COA	Children of Alcoholics
CoSA	Children of Substance Abusers
CSAP	Center for Substance Abuse Prevention
CTC	Communities That Care
EAP	Employee Assistance Program
FA	Families Anonymous
IOM	Institute of Medicine
MADD	Mothers Against Drunk Driving
NA	Narcotics Anonymous
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIJ	National Institute of Justice
NIMH	National Institute of Mental Health
NIPC	National Inhalant Prevention Coalition
NPN	National Prevention Network
NRCSS	National Resource Center for Safe Schools
NSAA	National Student Assistance Association
NYGC	National Youth Gang Center
OJJDP	Office of Juvenile Justice and Delinquency Prevention
ONDCP	Office of National Drug Control Policy
PA	Parents Anonymous
PAVNET	Partnerships Against Violence Network
SADD	Students Against Destructive Decisions
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Student Assistance Program
SDFC	Safe and Drug Free Communities
SDFSCA	Safe and Drug-Free Schools and Communities Act
SRO	School Resource Officer

IN VIRGINIA . . .

SOME PROBLEMS:

. . . 52.7% of Virginia's 12th graders have used alcohol in the past 30 days; 36.7% of 10th graders and 20% of 8th graders have used alcohol in the past 30 days. (1)

. . . 30% of Virginia's youth report having tried marijuana; 27.5% of 12th graders report use in the past 30 days. (1)

. . . for youth who reported ever using substances, age of first use for tobacco was 12.51 years; for alcohol, 12.98 years; and for marijuana, 13.87 years. (1)

. . . more than 45 Virginia kids begin smoking each day, for a total of 16,000 per year. (2)

. . . 134,000 Virginia kids alive today will die early from smoking. (2)

. . . more than 80% of adult smokers started smoking before the age of 18. (2)

. . . one in every three children who try smoking a cigarette become regular smokers before leaving high school. (2)

. . . of the 74 teenagers who died on Virginia's roads in 2003, 42 percent died in alcohol-related crashes. During that period, 926 teenagers aged 15 to 19 were injured in alcohol-related crashes. (3)

. . . Suicide is the second leading cause of death among young Virginians aged 10-24. (4)

Sources:
(1) Virginia Community Youth Survey 2003, Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.
(2) Virginia Youth Tobacco Surveys, Virginia Tobacco Settlement Foundation.
(3) "2003 Virginia Crash Statistics," Virginia Department of Motor Vehicles.
(4) Virginia Department of Health.

PREVENTION WORKS!

The Virginia Youth Tobacco Survey demonstrated the following improvements between 2001/2002 and 2003/2004:

Among middle school students . . .

- Students who have tried cigarettes decreased 45%.
- Students having tried cigarettes decreased 41%.
- Males having used chewing tobacco, snuff or dip decreased 33%; female use decreased 47%.

Among high school students . . .

- Students who have tried cigarettes decreased 28%; females decreased 32% and males decreased 24%.
- Students having tried cigarettes decreased 24%.
- Males having used chewing tobacco, snuff or dip decreased 47%.

PREVENTION IS COST-EFFECTIVE!

Recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substances can be seen (Pentz 1998; Aos et al. 2001; Spoth et al. 2002).

I. GLOSSARY

Abstinence - Total avoidance or non-use of substances such as alcohol, tobacco and illicit drugs.

Abuse - Occurs when alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.

Access to Services - The extent to which services are available for individuals who need care. Access depends on a variety of factors, including availability and location of appropriate care and services, transportation, hours of operation and cultural factors, including languages and cultural appropriateness.

Access to Substances - The extent to which illicit and licit substances are available in the home, community, or schools.

Activities - What a program does with its resources to produce outcomes.

Adaptation - Modification made to a chosen intervention, such as changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when (a) underlying program theory is understood; (b) core program components have been identified; and (c) the needs of both the community and the population of interest have been carefully defined.

Addiction - A compulsive physiological craving for a habit-forming substance. Addiction is a chronic and progressive disease usually characterized by physiological symptoms upon withdrawal. The term "dependence" often is used synonymously to avoid the pejorative connotations of addiction.

Note: Terms listed in this glossary were derived primarily from the Substance Abuse and Mental Health Service Administration's Prevention Platform at http://www.preventiondss.org

Age of Onset - In substance abuse prevention, the age of first use.

Assets - In social development theory, skills and strengths that can protect against substance abuse, violence and other negative behaviors. See also "Protective Factors."

ATOD - Alcohol, tobacco and other drugs.

Baseline - Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program has been implemented.

Benchmark - A particular indicator or performance goal. The benchmarking process identifies the desired performance goal, determines how that performance is achieved, and applies the lessons learned to improve performance elsewhere.

Coalition - A union of people and organizations working for a common cause. Coalitions often are very active in local substance abuse prevention efforts and typically involve civic and nonprofit organizations, as well as community-based family- and youth-serving agencies.

Collaboration - The process by which people/ organizations work together jointly to accomplish a common mission.

Community Awareness - In this publication, a perception or recognition on the part of the community that there is a substance abuse, violence or other preventable problem. The level of this awareness can change over time.

Community Readiness - The community's awareness of, interest in, and ability and willingness to support substance abuse, violence, or other prevention initiatives.

Consumer - An individual who receives services or care.

Continuum of Service - An array of services typically including prevention, intervention and treatment.

Core Components - Program elements that are demonstrably essential to achieving positive outcomes.

COSAs/Children of Substance Abusers - Youth and adults who are children of substance abusers. Examples are adult children of alcoholics, children whose parents abuse alcohol or other drugs, and children raised in or chronically exposed to situations involving substance abuse.

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction.

Data Driven - A process whereby decisions are informed by, and tested against, systematically gathered and analyzed information.

Developmental Assets - The developmental assets framework espoused by the Search Institute specifies critical factors in young people's growth and development. The internal and external assets offer a set of benchmarks for positive child and adolescent development. For additional information, see http://www.search-institute.org/

Domain - Sphere of activity or affiliation within which people live, work and socialize (e.g., self, peer, school, workplace, community, society).

DUI/DWI/MIP Programs - Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and Minor in Possession (MIP) programs are structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.

Drug-Free Social/Recreational Events - Social and recreational activities for youth and adults that specifically exclude the use of alcohol, tobacco and other drugs. Examples are Project Graduation and similar events; after-prom parties; alcohol, tobacco and other drug-free school events; alcohol, tobacco and other drug-free community events; and smoke-free gatherings and events.

Early Indicators - Subtle symptoms or other outward signs that someone may have a substance abuse problem. Examples include change in school performance and/or attendance, change to more negative peer group, mood swings, and difficulty eating or sleeping.

Early Intervention - Refers to identifying persons at high risk prior to their having a serious consequence or persons at high risk who have had limited serious consequences related to substance use on the job; or having a significant personal, economic, legal or health/mental health consequence and providing these persons at high risk with appropriate counseling, treatment, education or other intervention.

Employee Assistance Programs - Programs to assist employees, their family members, and employers in finding solutions for workplace and personal problems. For additional information about preventing substance abuse in the workplace, see CSAP's Workplace Resource Center at http://workplace.samhsa.gov/

Environmental Approaches – A prevention strategy that establishes or changes community standards, codes and attitudes, and thus influences incidence and prevalence of substance abuse. Examples include enforcement of laws governing availability and distribution of legal drugs, product pricing strategies and modification of practices of advertising alcohol and tobacco.

Fidelity - The degree of fit between the developer-defined components of a substance abuse or violence prevention program, and its actual implementation in a given organizational or community setting.

Fidelity/Adaptation Balance - A dynamic process, often evolving over time, by which thos implementing an evidence-based substance abuse or violence prevention program address both the need for fidelity to the original program and the need for local adaptation.

Health Promotion - A wide array of services and activities to promote positive and healthy lifestyles. Examples are dissemination of materials at health education programs, health screening services and the airing of substance abuse and violence prevention video tapes at fairs and similar events.

Illicit/Licit Drugs - Licit drugs are those that are legal to use, such as medicines, alcohol and tobacco. Illicit drugs are those that are illegal to use. Note that it is possible to misuse a licit drug, as occurs with some prescription drugs or when tobacco and alcohol are used by underage persons.

Intervention - An activity or set of activities that is designed for the prevention of a disease or risk behavior.

Logic Model - A graphic depiction of the plausible linkages between a program's components and the outcomes to be achieved. Logic models typically reflect the program's underlying "theory of change," a set of assumptions, based on research and theories, about how and why desired change is most likely to occur as a result of a program.

Long-term Outcomes - The change(s) that result, often over a period of years, from a prevention program or intervention.

Media Campaigns – Structured, sustained activities that use print and broadcast media to deliver prevention information or health promotion messages relative to substance abuse or youth violence. Examples include media promotion of alcohol- and drug-free events; printing of ads with "no-use" messages; distribution of signs to stores and businesses; distribution of bumper stickers, posters, etc.; use of national substance abuse prevention media materials tagged to a state or community and prevention ads and messages in newspapers. For additional information, see Partnership for a Drug-Free America at http://www.drugfreeamerica.org/

Needs Assessment - A community prevention needs assessment typically involves surveys of various targeted populations and communities, identification of prevention resources, and examination of relevant social indicator data. When supported by multiple community agencies and organizations, a local needs assessment can provide valuable information for comprehensive prevention planning and program implementation, including identifying high risk/priority populations and prevention services gaps.

Norms - A behavior or belief that is considered typical of a community.

Prevention - A proactive process that creates and reinforces conditions that promote healthy behaviors and lifestyles.

Prevention Strategies - An array of strategies including information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental approaches. See page 23 for examples of these strategies.

Prevention Types (Selected, Indicated, Universal) - Prevention measures targeting general and specific groups. The Institute of Medicine has conceptualized prevention using three categories:

- Universal - the target population is general.
- Selective - the target population is a high-risk group.
- Indicated - the target population is high-risk individuals.

See page 22 for examples of each type of prevention.

Protective Factor - An attitude, behavior, belief, situation, or action that builds resilience in a group, organization, individual or community. Also referred to as assets.

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host and the environment. A public health approach requires not only an understanding of how agent, host and environment interact, but also a plan of action for influencing all three. Additional information about the public health model of prevention can be accessed at: http://www.health.gov/phfunctions/public.htm

Agent - the catalyst, substance or organism causing the health problem. In the case of substance abuse, the agents are the sources, supplies (drugs) and availability.

Host - the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Environment - the context in which the host and the agent exist, including conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

The public health approach is composed of the following ten essential services:

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care work force
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Resilience - Refers to the ability of an individual to cope with, or overcome, the negative effects of risk factors or to "bounce back" from a problem.

Resistance Skills Training - Resistance skills training programs are designed to increase the ability of youth to withstand the pressure or temptation to use alcohol, tobacco or drugs.

Risk Factor - An attitude, behavior, belief, situation, or action that may put a group, organization, individual or community at risk for alcohol and drug problems.

SDFSCA Principles of Effectiveness - Principles developed by the U.S. Department of Education with which programs receiving funding through the Safe and Drug-Free Schools and Communities Act must comply.

Social Indicator_ - A measure of change in conditions or behavior. Social indicators can tell us about the outcome of a policy or program; about people's subjective feelings of well-being; or document the state of conditions or behaviors over time.

Social Marketing - Using commercial marketing techniques, social marketing often relies on the use of mass media to influence the behavior of a target audience. An example of social marketing is the National Youth Anti-Drug Media Campaign.

Student Assistance Programs - Structured prevention programs intended to provide early identification of student problems, in-school services (e.g., support groups), referral to outside agencies and school policy development.

Substance Abuse - Abuse of, or dependency on, alcohol, tobacco and other drugs.

Surveys (National) - A data collection effort typically sponsored by a Federal agency interested in determining national trends on a selected issue. Data are collected from a specially selected sample of people, who are, at the least, statistically representative of a larger population or group.

National Survey on Drug Use and Health - This annual survey, formerly known as the National Household Survey on Drug Abuse, is conducted by the Substance Abuse and Mental Health Services Administration. The survey has been the primary source of estimates of the prevalence and incidence of illicit drug, alcohol and tobacco use in the population since 1971. See http://oas.samhsa.gov/nhsda.htm/ for additional information.

Monitoring the Future (MTF) - A national survey of American secondary school students conducted annually in the spring of the year by University of Michigan scientists and sponsored by the National Institute on Drug Abuse. See http://www.monitoringthefuture.org/ for additional information.

Surveys (Youth) - Information collected using specially designed instruments that provide data about the feelings, attitudes and/or behaviors of individuals. See additional information on youth surveys in Virginia on page 25. Examples of youth surveys that communities may choose to use are as follows:

The American Drug and Alcohol Survey - Available from Rocky Mountain Behavioral Sciences Institute, Inc., 1-800-447-6354. Additional information and ordering online at http://www.rmbsi.com/

The California Healthy Kids Survey (CHKS) - Available from Wested at http://www.wested.org/hks/

Communities That Care Youth Survey - Available from Channing Bete, 1-800-447-4776 and online at http://www.channing-bete.com/positiveyouth/index.html

PRIDE Survey - Available from Pride Surveys, 1-800-279-6361 and online at http://www.pridesurveys.com/

Search Institute Profiles of Student Life: Attitudes and Behaviors Survey - Available from the Search Institute, 1-800-888-7828, or online at www.search-institute.org/

Youth Risk Behavior Survey (YRBS) - Available from the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, Atlanta, GA (770) 488-5080 and online at http://www.cdc.gov/nccdphp/dash/yrbs/

Youth Tobacco Use Survey (YTS) – Available from the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, Atlanta, GA (770) 488-5080 or online at http://www.cdc.gov/tobacco/youth.htm

Sustainability - The ability of a program to continue over a period of time, especially after initial grant monies end.

II. PREVENTION CONCEPTS

What Works: A Word about Terminology

More than twenty years of prevention research has helped identify important factors that put young people at risk for, or protect them from, drug abuse and other negative behavior. Using rigorous research designs, researchers have studied various prevention programs and approaches to assess their effectiveness in "real-world" settings. The terminology, often used interchangeably to refer to programs and approaches that have been found to "work" varies, depending on the federal agency or review process used to classify such programs. Among terms used are:

- "evidence-based" (Office of National Drug Control Policy),
- "science-based" (Center for Substance Abuse Prevention),
- "effective" (National Institute on Drug Abuse),
- "best practices" (Centers for Disease Control), and
- "research-based" or "grounded in scientifically-based research" (U. S. Department of Education).

Several federal agencies have sponsored or undertaken critical reviews of prevention programs and have classified them using established criteria. For example, the Center for Substance Abuse Prevention's National Registry of Effective Prevention Programs has classified programs as "model," "effective," and "promising." The U. S. Department of Education has classified programs as "exemplary" and "promising." The Office of Juvenile Justice and Delinquency Prevention has identified programs as "model" and "promising."

Key Sources for Information on Evidence-Based Prevention Programs

Source and Web Site	Features (As of Fall 2004)
U.S. Department of Education http://www.ed.gov/about/offices/list/osdfs/resources.html	USED publication "Exemplary and Promising Safe, Disciplined, and Drug-Free Schools Programs," 2001 (April 2002), includes 9 exemplary and 33 promising programs.
Center for Substance Abuse Prevention (CSAP) http://modelprograms.samhsa.gov/	58 Model Programs 50 Effective Programs 53 Promising Programs
Office of Juvenile Justice and Delinquency Prevention, U.S. Dept. of Justice http://www.ncjrs.org/html/ojjdp/jjbul2001_7_3/contents.html	Blueprints for Violence Prevention lists: 11 Model Programs 19 Promising Programs
National Institute on Drug Abuse http://www.nida.nih.gov/Prevention/Prevopen.html	NIDA publication "Preventing Drug Abuse among Children and Youth" lists 19 examples of research-based programs.
Center for Disease Control and Prevention http://www.cdc.gov/ncipc/dvp/bestpractices.htm	Reviews effectiveness of specific violence prevention practices in four key areas: parents and families; home visiting; social and conflict resolution skills; and mentoring.
Drug Strategies http://www.drugstrategies.org/	Publications on school drug prevention programs and violence prevention strategies.
Center for Effective Collaboration and Practice http://cecp.air.org/	Safe, Supportive, and Successful Schools: Step by Step includes abstracts of 27 evidence-based programs.

The Risk and Protective Factors Framework

Among the most important developments in substance abuse prevention theory and programming in recent years has been the focus on risk and protective factors as a **unifying descriptive and predictive framework**.

A *risk factor* is an attitude, behavior, belief, situation, or action that may put a group, organization, individual or community at risk for alcohol and drug problems.

A *protective factor* is an attitude, behavior, belief, situation, or action that builds resilience in a group, organization, individual or community.

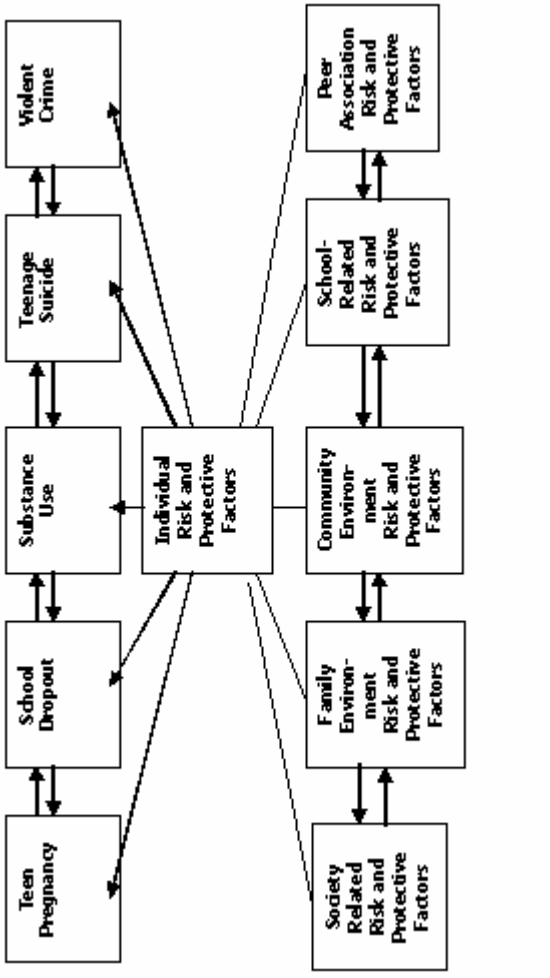
Risk and protective factors are conceptualized in *domains* that are defined as the spheres of activity or affiliation within which people live, work and socialize (e.g., self, family, peer, school, community, society).

See pages 17 – 20 for a list of examples of risk factors and protective factors.

Source: *Principles of Substance Abuse Prevention* (2001). Center for Substance Abuse Prevention.

Web of Influence Model

The "web of influence" below depicts how risk and protective factors in five domains (bottom row of boxes) interact with the individual at the core of the model to produce certain problem behaviors (top row of boxes).



Source: *Understanding Substance Abuse Prevention* (1999). Center for Substance Abuse Prevention.

Examples of Risk and Protective Factors in Major Life Domains

Source: Substance Abuse and Mental Health Services Administration.

DOMAIN	PROTECTIVE FACTORS	RISK FACTORS
Individual	▪ Positive personal characteristics, including social skills and social responsiveness; cooperativeness; emotional stability; positive sense of self; flexibility; problem-solving; and low levels of defensiveness. ▪ Bonding to societal institutions and values, including attachment to parents and extended family; commitment to school; regular involvement with religious institutions; and belief in society's values. ▪ Social and emotional competence, including good communication skills; responsiveness; empathy; caring; sense of humor; inclination toward pro-social behavior; problem-solving skills; sense of autonomy; sense of purpose and of the future (e.g., goal-directedness); and self-discipline.	▪ Inadequate life skills. ▪ Lack of self-control, assertiveness, and peer-refusal skills. ▪ Low self-esteem and self-confidence. ▪ Emotional and psychological problems. ▪ Favorable attitudes toward substance abuse. ▪ Rejection of commonly held values and religion. ▪ School failure. ▪ Lack of school bonding. ▪ Early antisocial behavior, such as lying, stealing and aggression, particularly in boys, often combined with shyness and hyperactivity.

DOMAIN	PROTECTIVE FACTORS	RISK FACTORS
Family	▪ Positive bonding among family members. ▪ Parenting that includes high levels of warmth and avoidance of severe criticism; sense of basic trust; high parental expectations; and clear and consistent expectations, including children's participation in family decisions and responsibilities. ▪ An emotionally supportive parental/ family milieu, including parental attention to children's interests; orderly and structured parent-child relationships; and parent involvement in homework and school-related activities.	▪ Family conflict and domestic violence. ▪ Family disorganization. ▪ Lack of family cohesion. ▪ Social isolation of family. ▪ Heightened family stress. ▪ Family attitudes favorable to drug use. ▪ Ambiguous, lax, or inconsistent rules and sanctions regarding substance use. ▪ Poor child supervision and discipline. ▪ Unrealistic expectations for development.
Peer	▪ Association with peers who are involved in school, recreation, service, religion or other organized activities.	▪ Association with delinquent peers who use or value dangerous substances. ▪ Association with peers who reject mainstream activities or pursuits. ▪ Susceptibility to negative peer pressure. ▪ Strong external locus of control.

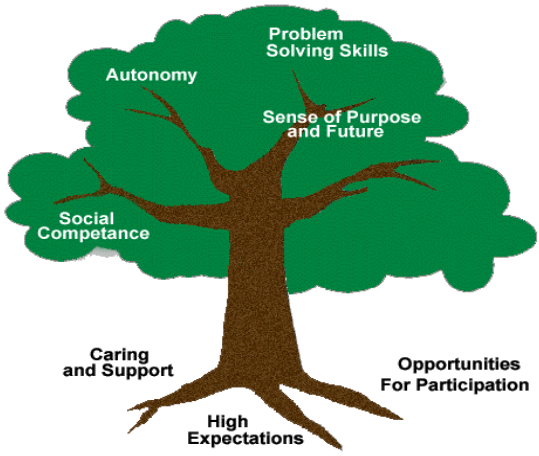
DOMAIN	PROTECTIVE FACTORS	RISK FACTORS
School	▪ Caring and support; sense of "community" in classroom and school. ▪ High expectations from school personnel. ▪ Clear standards and rules for appropriate behavior. ▪ Youth participation, involvement, and responsibility in school tasks and decisions.	▪ Ambiguous, lax, or inconsistent rules and sanctions regarding drug use and student conduct. ▪ Favorable staff and student attitudes toward substance use. ▪ Harsh or arbitrary school management practices. ▪ Availability of dangerous substances on school premises. ▪ Lack of school bonding.
Community	▪ Caring and support. ▪ High expectations for youth. ▪ Opportunities for youth participation in community activities.	▪ Community disorganization. ▪ Lack of community bonding. ▪ Lack of cultural pride. ▪ Lack of competence in majority culture. ▪ Community attitudes favorable to drug use. ▪ Ready availability of dangerous substances. ▪ Inadequate youth services and opportunities for pro-social involvement.

DOMAIN	PROTECTIVE FACTORS	RISK FACTORS
Society/ Environment	▪ Media literacy (resistance to pro-use messages). ▪ Decreased accessibility to alcohol, tobacco and other drugs. ▪ Increased pricing through taxation. ▪ Raised purchasing age and enforcement. ▪ Stricter driving-while-under-the-influence laws.	▪ Impoverishment. ▪ Unemployment and underemployment. ▪ Discrimination. ▪ Pro-drug-use messages in the media.

Resiliency

Resiliency is that quality existing in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health and juvenile delinquency problems that they are at greater risk of experiencing. Resilient attributes in children and young people help them avoid, minimize, or overcome risk factors. Among traits that help make individuals resilient are:

1. Social Competencies or the Exhibition of Pro-Social Behaviors
2. Well-Developed Problem-Solving Skills
3. Autonomy
4. Religious/Spiritual Commitment
5. Sense of Purpose and Future



Types of Prevention

The Institute of Medicine has conceptualized prevention using three categories:

Universal	the target population is general.
Selective	the target population is a high-risk group.
Indicated	the target population is high-risk individuals.

Universal prevention strategies ▪ Address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco and other drugs. ▪ Mission is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. ▪ Delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.	Target entire population
Selective prevention strategies ▪ Targets subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment -- for example children of adult alcoholics, dropouts or students who are failing academically. ▪ Targets the entire subgroup regardless of the degree of risk of any individual within the group. ▪ Presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on the presumption given his or her membership in the at-risk subgroup.	Target groups at higher risk
Indicated prevention strategies ▪ Designed to prevent the onset of substance abuse in individuals who do not meet diagnostic criteria for addiction, but who are showing early danger signs, such as failing grades and consumption of alcohol and other gateway drugs. ▪ Mission is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs.	Target individuals exhibiting early signs of substance abuse

Prevention Strategies

The Center for Substance Abuse Prevention has organized prevention strategies into six general categories. A comprehensive community approach employs each category of strategy in accordance with findings from the community's needs assessment.

Strategies	Examples
1. Information dissemination	Clearinghouse/information resource centers Resource directories Media campaigns; public service announcements Brochures Speakers bureaus; radio/TV appearances Information lines
2. Education	Classroom and/or small group sessions Parenting and family management classes Peer leader/helper programs (peer conflict mediation programs) Education support groups for children of substance abusers and others at high risk for use
3. Alternatives	Drug-Free dances and parties (Operation Prom/Graduation) Youth/adult leadership activities After-school programs Community recreation and drop-in centers
4. Problem Identification and Referral	Student assistance programs Employee assistance programs Intervention programs associated with disciplinary offenses, juvenile court complaints, or DUI convictions
5. Community capacity-building	School-Community team training Systematic community planning Multi-agency coordination and collaboration
6. Community norms and policies	Establishing and periodically reviewing school ATOD policies "Zero tolerance" policies used by schools, law enforcement, and juvenile court Modifying alcohol and tobacco advertising practices Merchant and vendor training to prevent underage access to alcohol

Terms Associated with Prevention Needs Assessment

Needs Assessment - A community prevention needs assessment typically involves surveys of various targeted populations and communities, identification of prevention resources and examination of relevant social indicator data. When supported by multiple community agencies and organizations, a local needs assessment can provide valuable information for comprehensive prevention planning and program implementation, including identifying high risk/priority populations and prevention services gaps. Terms often associated with prevention needs assessments are as follows:

Archival Data - Information that is collected and stored on a periodic basis within a geographic area such as emergency room statistics, school surveys on substance abuse trends, and crime reports.

Community Survey - Surveys administered to citizens, service providers or others key informant groups as part of a prevention needs assessment.

Key Informant Interview - Interview with someone who is very knowledgeable about a particular problem or issue being studied.

Social Indicator - A measure of change in conditions or behavior. They can tell us about the outcome of a policy or program; about people's subjective feelings of well-being; or document the state of conditions or behaviors over time.

Youth Survey - Information collected using a specially designed instrument that provides data about the feelings, attitudes and/or behaviors of individuals.

Terms Associated with Prevention Planning and Evaluation

Data Driven – An approach to prevention planning informed by and tested against systematically gathered and analyzed information.

Goal - A measurable statement of desired longer-term, global impact of the prevention programs and strategies.

Objective - A specific, measurable statement of the desired immediate or direct outcome of prevention programs and strategies.

Outcomes - The extent of change in targeted attitudes, values, behaviors or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be immediate, intermediate or long term outcomes.

Logic Model - A graphic depiction of the plausible linkages between a program's components and the outcomes to be achieved. Logic models typically reflect the program's underlying "theory of change," a set of assumptions, based on research and theories, about how and why desired change is most likely to occur as a result of a program.

Intervention - An activity or set of activities that is designed for the prevention of a disease or risk behavior.

Process Evaluation – Evaluation that focuses on how a program was implemented and operates, and how it typically measures participation, "dosage," staffing and other factors related to implementation.

Outcome Evaluation - The systematic assessment of the results or effectiveness of a program or activity. It is a type of evaluation used to identify the results of a program's effort.

A Word about Outcomes

Sound prevention planning and evaluation target immediate, intermediate and long-term outcomes.

Immediate outcomes typically reflect the direct effects of a program or activity on individual participants. Examples include increased knowledge, changed attitude, or an improved skill. These outcomes are usually measured using program-specific instruments and can be observed immediately after the intervention.

Intermediate outcomes typically reflect changes in behavior over time that result from gains in knowledge and skills and changes in attitudes. Examples include increased average age of onset of use or increased bonding to school, both measured by surveys of the target population administered months, or perhaps a year, after the intervention(s).

Long-term outcomes typically reflect the global impact of prevention programs and strategies. Examples include reduced prevalence of drug use or rates of arrests for drug-related offenses in the juvenile population. These outcomes often are measured through youth surveys and social indicator studies. These outcomes require multiple, coordinated prevention strategies and take several years to achieve.

Youth Surveys in Virginia

Many communities in Virginia have benefited from the information they have gained through youth surveys. These communities not only have conducted superior needs assessments, but they also have experienced greater success in securing competitive grant dollars for their prevention programs.

Youth surveys yield information valuable for both assessing needs and evaluating progress by measuring:

- Incidence and prevalence of substance use;
- Age of onset of substance use;
- Perceptions of the risk of substance use; and
- Perception of social disapproval for use.

Federal funding sources now **require** programs to address risk factors identified through surveys and social indicator studies. Such requirements apply to programs funded through the Safe and Drug-Free Schools and Communities Act, the Substance Abuse Prevention and Treatment Block grant, and the Virginia Tobacco Settlement Foundation.

Greater Youth Survey Opportunities

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the Virginia Tobacco Settlement Foundation (VTSF) have agreed to undertake a collaborative approach to conducting youth surveys whereby communities will have the opportunity to participate in these surveys at the same time in the fall of odd-numbered years. DMHMRSAS conducts the Virginia Community Youth Survey, a modification of the Communities That Care Survey. VTSF conducts the Youth Tobacco Use Survey, designed by the Centers for Disease Control to assess the knowledge, attitudes and beliefs of middle and high school students regarding tobacco use.

These surveys, that yield statewide findings, will be administered according to a protocol that protects the identity of the students and schools that participate. School divisions wishing to obtain this valuable data at the division or school level can do so by expanding the use of either survey and funding the modest cost of scoring additional surveys and writing the locality-specific report. Under the survey protocol developed, reports would be given only to the superintendent. Because these surveys are biennial, communities will be able to continue or begin to administer another survey of their choosing in even-numbered years.

Stages of Community Readiness for Prevention

Prevention researchers have identified nine stages of community readiness to take action. Applying measures of readiness, prevention planners can identify critical "next steps" for action.

Readiness*		**Action**
Stage	**Community Response**	**Ideas**
1) No awareness	Relative tolerance of drug abuse	Create motivation. Meet with community leaders involved with drug abuse prevention; use the media to identify and talk about the problem; encourage the community to see how it relates to community issues; begin pre-planning.
2) Denial	Not happening here, can't do anything about it	
3) Vague awareness	Awareness, but no motivation	
4) Pre-planning	Leaders aware, some motivation	
5) Preparation	Active energetic leadership and decision making	Work together. Develop plans for prevention programming through coalitions and other community groups.
6) Initiation	Data used to support prevention actions	Identify and implement research-based programs.
7) Stabilization	Community generally supports existing program	Evaluate and improve ongoing programs.
8) Confirmation / Expansion	Decision makers support improving or expanding programs	Institutionalize and expand programs to reach more populations.
9) Professional-ization	Knowledgeable of community drug problems; expect effective solutions	Put multi-component programs in place for all audiences.

*Based on Plested et al 1999.

III. PREVENTION PRINCIPLES

National Evidence-Based Principles for Substance Abuse Prevention

The following fifteen principles and guidelines were drawn from literature reviews and guidance supported by the federal departments of Education, Justice and Health and Human Services as well as the Office of National Drug Control Policy. These Principles are available online at www.whitehousedrugpolicy.gov Source: Office of National Drug Control Policy, 2000.

A. ADDRESS APPROPRIATE RISK AND PROTECTIVE FACTORS FOR SUBSTANCE ABUSE IN A DEFINED POPULATION

1. Define a population. A population can be defined by age, sex, race, geography (neighborhood, town, or region), and institution (school or workplace).

2. Assess levels of risk, protection and substance abuse for that population. Risk factors increase the risk of substance abuse, and protective factors inhibit substance abuse in the presence of risk. Risk and protective factors can be grouped in domains for research purposes (genetic, biological, social, psychological, contextual, economic and cultural) and characterized as to their relevance to individuals, the family, peer, school, workplace and community. Substance abuse can involve marijuana, cocaine, heroin, inhalants, methamphetamine, alcohol and tobacco (especially among youth), as well as sequences, substitutions and combinations of those and other psycho-active substances.

3. Focus on all levels of risk, with special attention to those exposed to high risk and low protection. Prevention programs and policies should focus on all levels of risk, but special attention must be given to the most

important risk factors, protective factors, psychoactive substances and to individuals and groups exposed to high risk and low protection in a defined population. Population assessment can help sharpen the focus of prevention.

B. USE APPROACHES THAT HAVE BEEN SHOWN TO BE EFFECTIVE

4. Reduce the availability of illicit drugs, and of alcohol and tobacco for the under-aged. Community-wide laws, policies and programs can reduce the availability and marketing of illicit drugs. They also can reduce the availability and appeal of alcohol and tobacco to the underaged.

5. Strengthen anti-drug-use attitudes and norms. Strengthen environmental support for anti-drug-use attitudes by sharing accurate information about substance-abuse, encouraging drug-free activities, and enforcing laws and policies related to illicit substances.

6. Strengthen life skills and drug refusal techniques. Teach life skills and drug refusal skills, using interactive techniques that focus on critical thinking, communication and social competency.

7. Reduce risk and enhance protection in families. Strengthen family skills by setting rules, clarifying expectations, monitoring behavior, communicating regularly, providing social support and modeling positive behaviors.

8. Strengthen social bonding. Strengthen social bonding and caring relationships with people holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious/spiritual contexts and structured recreational activities.

9. Ensure that interventions are appropriate for the populations being addressed. Make sure that prevention interventions, including programs and policies, are acceptable to, and appropriate for, the needs and motivations of the populations and cultures being addressed.

C. INTERVENE EARLY AT IMPORTANT STAGES AND TRANSITIONS

10. Intervene early and at developmental stages and life transitions that predict later substance abuse. Such developmental stages and life transitions can involve biological, psychological or social circumstances that can increase the risk of substance abuse. Whether the stages or transitions are expected (such as puberty, adolescence or graduation from school) or unexpected (for example the sudden death of a loved one), they should be addressed by preventive interventions as soon as possible—even before each stage or transition, whenever feasible.

11. Reinforce interventions over time. Repeated exposure to scientifically accurate and age-appropriate anti-drug-use messages and other interventions—especially in later developmental stages and life transitions that may increase the risk of substance abuse—can ensure that skills, norms, expectations and behaviors learned earlier are reinforced over time.

D. INTERVENE IN APPROPRIATE SETTINGS AND DOMAINS

12. Intervene in appropriate settings and domains. Intervene in settings and domains that most affect risk and protection for substance abuse, including homes, social services locations, schools, peer groups, workplaces, recreational settings, religious and spiritual settings, and communities.

E. MANAGE PROGRAMS EFFECTIVELY

13. Ensure consistency and coverage of programs and policies. Implementation of prevention programs, policies and messages for different parts of the community should be consistent, compatible and appropriate.

14. Train staff and volunteers. To ensure that prevention programs and messages are continually delivered as intended, training should be provided regularly to staff and volunteers.

15. Monitor and evaluate programs. To verify that goals and objectives are being achieved, program monitoring and evaluation should be a regular part of program implementation. When goals are not reached, adjustments should be made to increase effectiveness.

Important Reading

Gaining Traction: A Substance Abuse Prevention Plan for Virginia's Youth

Virginia's five-year plan for strengthening youth substance abuse prevention programs and services is available online at http://www.gosap.state.va.us

A Model for Prevention Programming in Virginia: Preliminary Elements

The GOSAP Collaborative is made up of key leadership representatives from agencies and organizations responsible for prevention throughout the Commonwealth. Members of the Collaborative have begun to develop consensus about elements of a model for prevention programming in Virginia. Discussion will continue as these knowledgeable prevention leaders refine the emerging model. Preliminary elements of a model for prevention programming in Virginia that have been identified are:

- Comprehensive community prevention needs assessment using relevant objective data;
- Measurable, results-oriented goals and objectives;
- Use of evidence-based programs and approaches to address locally-identified needs;
- Fidelity in the implementation of evidence-based programs and approaches;
- Collaboration and communication among prevention agencies and organizations in the planning and strategic implementation of programs and services;
- Plan for sustaining effective programs/projects beyond initial grant funding periods;
- Evaluation designed to document implementation and measure outcomes; and
- Consumer involvement in planning, implementation, and evaluation.

A Model for Prevention Grants Management in Virginia: Preliminary Standards

Represented on the GOSAP Collaborative are agencies and organizations responsible for managing competitive and non-competitive grants programs that fund many types of prevention initiatives throughout the Commonwealth. Members of the GOSAP Collaborative have begun to build consensus about "best practice" standards for the management of prevention grants in Virginia. Discussion will continue as these prevention leaders refine emerging standards. Preliminary standards for prevention grants management at the state level are:

- Requests for proposals (RFPs) should establish clear expectations for grantees, support evidence-based programming and ensure accountability for outcomes.

- Requirements for grantees should be consistent with evidence-based prevention principles.

- The advancement of effective prevention programming requires both adherence to evidence-based prevention principles and activities that strengthen the capacity of grantees.

- Requirements for greater accountability should be accompanied by high quality training and technical assistance that build grantee capacity to employ evaluations that assess both fidelity of implementation and outcomes using appropriate measures.

- Cross-site evaluation using common data elements should become the norm for prevention grants programs in Virginia.

IV. RESOURCES

Virginia Resources

Governor's Office for Substance Abuse Prevention (GOSAP) – http://www.gosap.state.va.us

Virginia Department of Alcoholic Beverage Control (VABC), Education Section – http://www.abc.state.va.us/education.html

Virginia Department of Criminal Justice Services (VDCJS), Virginia Center for School Safety http://www.dcjs.virginia.gov/vcss/index.cfm Juvenile Services http://www.dcjs.virginia.gov/juvenile

Virginia Department of Education (VDOE), Safe and Drug-Free Schools Programs - http://www.pen.k12.va.us/ or http://www.safeanddrugfreeva.org

Virginia Department of Fire Programs (VDFP) – http://www.vdfp.state.va.us

Virginia Department of Health (VDH), Center for Injury and Violence Prevention – http://www.vahealth.org/civp/

Virginia Department of Juvenile Justice (VDJJ) - http://www.djj.state.va.us

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), Office of Prevention http://www.dmhmrsas.state.va.us/OSAS-PreventionDefault.htm

Virginia Department of Motor Vehicles (DMV), DMV Safety - http://www.dmv.state.va.us/webdoc/general/safety/

Virginia Department of Social Services (VDSS) – http://www.dss.state.va.us

Virginia Department of State Police (VSP), Crime Prevention http://www.vsp.state.va.us/crime_prevention.htm

Virginia National Guard (VNG), http://www.virginiaguard.com/

Virginia Tobacco Settlement Foundation (VTSF) – http://www.vtsf.org/

National Resources

American Council on Drug Education (ACDE) -
http://www.acde.org/

Center for the Study and Prevention of Violence, Blueprints for Violence Prevention –
http://www.colorado.edu/cspv/blueprints/

Center for Addiction and Substance Abuse (CASA), Columbia University – http://www.casacolumbia.org

Center on Alcohol Marketing and Youth (CAMY) -
http://camy.org/

Centers for Disease Control (CDC) – http://www.cdc.gov

Centers for the Application of Prevention Technologies (CAPT) –
http://www.captus.org/

Child Trends -
http://www.childtrendsdatabank.org/WhatWorks.cfm/

Community Anti-Drug Coalitions of America (CADCA) -
http://cadca.org/

Drug Enforcement Administration (DEA), State Factsheets –
http://www.dea.gov/pubs/state_factsheets.html

Drug Strategies - http://www.drugstrategies.org/index.html

Join Together Online - http://www.jointogether.org/home/

Mothers Against Drunk Driving (MADD) -
http://www.madd.org/

National Association of State Alcohol/Drug Abuse Directors (NASADAD) - http://www.nasadad.org/

National Clearinghouse for Alcohol and Drug Information –
http://www.ncadi.samhsa.gov/

National Families in Action (NFIA) -
http://www.nationalfamilies.org/

National Inhalant Prevention Coalition (NIPC) -
http://www.inhalants.org/

National Institutes of Health (NIH)
National Institute on Alcohol Abuse and Alcoholism (NIAAA) - http://www.niaaa.nih.gov/
National Institute on Drug Abuse (NIDA) -
http://www.nida.nih.gov/
NIDA for Teens - http://teens.drugabuse.gov/

National Prevention Network (NPN) –
http://www.nasadad.org/Departments/Prevention/prevhme1.htm

National Training and Technical Assistance Center for Drug Prevention and School Safety Coordinators -
http://www.k12coordinator.org/

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
http://ojjdp.ncjrs.org/

Office of National Drug Control Policy (ONDCP) –
http://www.whitehousedrugpolicy.gov
National Youth Anti-Drug Media Campaign -
http://www.mediacampaign.org/

Parents: The AntiDrug.com – http://www.theantidrug.com/

Partnership for a Drug-Free America –
http://www.drugfreeamerica.org/

Society for Prevention Research (SPR) –
http://www.preventionresearch.org

Students Against Destructive Decisions (SADD) –
http://www.saddonline.com/

Substance Abuse and Mental Health Services Administration (SAMHSA) - http://www.samhsa.gov
Center for Substance Abuse Prevention (CSAP) -
http://prevention.samhsa.gov/
SAMHSA Model Programs -
http://modelprograms.samhsa.gov/
Drug-Free Communities Support Program -
http://drugfreecommunities.samhsa.gov/
Parenting IS Prevention -
http://www.parentingisprevention.org
Prevention Pathways -
http://preventionpathways.samhsa.gov/

Underage Drinking Enforcement Training Center (UDETC) -
http://www.udetc.org/

U.S. Department of Education (DoE)
Office of Safe and Drug-Free Schools –
http://www.ed.gov/about/offices/list/osdfs/
Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention - http://www.edc.org/hec/

References

Aos, S.; Phipps, P.; Barnoski, R.; and Lieb, R. *The Comparative Costs and Benefits of Programs to Reduce Crime. Vol. 4* (1-05-1201). Olympic, WA: Washington State Institute for Public Policy, May 2001.

Pentz, M.A. Costs, benefits, and cost-effectiveness of comprehensive drug abuse prevention. In Bukoski, W.J. and Evans, R.I., eds. *Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy*. NIDA Research Monograph No. 176. Washington, DC: U.S. Government Printing Office, pp. 111-129, 1998.

Plested, B.; Smitham, D; Jumper-Thurman, P., Oetting, E., and Edwards, R. Readiness for drug use prevention in rural minority communities. *Substance Use and Misuse 34*(4 and 5): 521-544, 1999.

Spoth, R.; Guyull, D.; and Day, S. Universal family-focused intervention in alcohol-use disorder prevention: Cost effectiveness and cost-benefit analyses of two interventions. Journals of Studies on Alcohol 63:219-228, 2002.

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Please send to the Governor's Office for Substance Abuse Prevention (GOSAP)
Mail to: 202 North Ninth Street, Sixth Floor
Richmond, Virginia 23219
Fax to: (804) 786-1807
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202 North Ninth Street, Sixth Floor
Richmond, Virginia 23219

Prevention leaders in Virginia have reached consensus around nine "core elements" that form a framework for the strategic plan for substance abuse prevention. The "core elements" are as follows:

1. Work Force Development	Building capacities to recruit, develop and retain substance abuse prevention providers
2. Ethical Prevention Practice	To assist in the promotion and assurance of prevention standards of practice by prevention providers
3. Evidence-Based Practice	Promoting the use of, and building the capacity for, evidence-based practice
4. Environmental Change	Increasing the focus on the shared environment related to community norms, regulations, policies and data collection
5. Collaboration	Establishing organized prevention partnerships at the state and local levels to foster consistent planning
6. Resource Development	Securing a consistent and efficiently integrated funding stream for substance abuse prevention efforts
7. Legislative Issues	Enacting public policies that clearly reflect what research shows to be effective in promoting successful outcomes in substance abuse prevention
8. Advocacy	Fostering prevention advocacy development at the local and state levels
9. Public Awareness	Heightening awareness of prevention goals, messages and initiatives at the local, state and national levels.

For full report, see ***Gaining Traction: A Substance Abuse Prevention Plan for Virginia's Youth*** at http://www.gosap.state.va.us